

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

YES on Questions 4+5

Name (print) 265-2 Spashore Drive, Las Vegas, NV 89128 District (if applicable) 70259-1482
 Office (if applicable) 70259-1482
 Mailing Address (include city and zip code) 265-2 Spashore Drive, Las Vegas, NV 89128 Telephone No. 70259-1482
 E-Mail Address cash.7694@aol.com

Select Appropriate Box(es) ☐ CANDIDATE ☐ PAC ☒ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

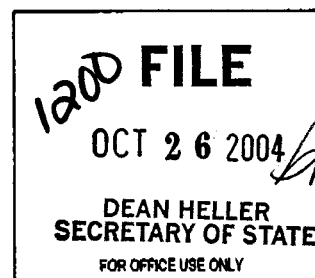
☐ Annual Filing - Due January 15, 2004
 Period: January 1, 2003 - December 31, 2003

☐ Report #1 - Due August 31, 2004
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug. 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug. 26, 2004
 All others Period: Jan. 1, 2004 - Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug. 26, 2004

☒ Report #2 Due - October 26, 2004
 Period: Aug. 27, 2004 - Oct. 21, 2004

☐ Report #3 Due - January 15, 2005*
 Period: Oct. 22, 2004 - Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005
 Period: January 1, 2004 - December 31, 2004
 * Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received In Excess of \$100
 2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative
From Beginning
of Report Period
#1 through End
of This
Reporting
Period

0	0
0	0

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

0

3. Total Amount of Monetary Contributions Received
 (Add Lines 1 and 2)
 4. Total Value of In Kind Contributions Received in Excess of \$100

971,469.49 | 1,298,367.81

EXPENSES SUMMARY

5. Total Monetary Expenses Paid In Excess of \$100
 6. Total Monetary Expenses Paid of \$100 or Less
 7. Total Amount of All Monetary Expenses Paid
 (Add Lines 5 and 6)
 8. Total Value of In Kind Expenses In Excess of \$100

971,469.69 | 326,898.32

326,898.32	326,898.32
326,898.32	326,898.32

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Gail C. Fuzzo
 Signature

10/26/04
 Date

RECEIVED
 OCT 27 2004
 Secretary of State

CAMPAIGN CONTRIBUTIONS

Report Period # 2

yes on Quas 4 15
Name (print) Office (if applicable) District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
N/A	NA	NA	NA

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CAMPAIGN EXPENSES

Report Period

12

Name (print)

YES on Ques 4 & 5

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period



APS on Ques 4.15

Name (Print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.305	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
NA	NA	NA	NN

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IN KIND CAMPAIGN
CONTRIBUTIONSReport Period # 2

Yrs on Questions 4 + 5

Name (print) _____ Office (if applicable) _____ District (if applicable) _____

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
People for a Better Nevada 2756 N Green Valley Pkwy Henderson, NV 89014	9/3/04	Printing	265.15	
" "	9/23/04	Printing	215.00	
" "	9/23/04	Outside services	1,735.45	
" "	9/23/04	Consulting	4,900.00	
" "	9/16/04	Consulting	10,000.	
" "	9/24/04	Consulting	27,000.	
" "	9/3/04	office exp	75.00	
" "	9/23/04	office exp	455.07	
" "	10/19/04	office exp	1,000.	
" "	9/8/04	Travel exp	815.60	
" "	9/3/04	Telephone exp	75.00	
" "	9/3/04	Postage	14.80	
" "	9/23/04	Web Site Development	3,250.00	
" "	9/23/04	media placement	199.44	

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IN KIND CAMPAIGN CONTRIBUTIONS

Report Period

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Yes on Questions 4 & 5

Native (cont)

Office (if applicable)

District (if applicable)

IN KIND

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary**

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IN KIND CAMPAIGN
EXPENSES

Report Period

2

Name (Print)

Office (if applicable)

District (if applicable)

Yes on Questions 4-5

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
<i>Yes on Ques 4-5 2856 Seashore Dr Las Vegas 89128</i>	<i>Printing</i>	<i>9/31/04</i>	<i>265.54</i>
<i>" "</i>	<i>Printing</i>	<i>9/23/04</i>	<i>215.00</i>
<i>" "</i>	<i>outside services</i>	<i>9/23/04</i>	<i>1,735.45</i>
<i>" "</i>	<i>Consulting</i>	<i>9/23/04</i>	<i>4,900.00</i>
<i>" "</i>	<i>Consulting</i>	<i>9/16/04</i>	<i>10,000.</i>
<i>" "</i>	<i>Consulting</i>	<i>9/24/04</i>	<i>27,000.</i>
<i>" "</i>	<i>office exp.</i>	<i>9/3/04</i>	<i>75.00</i>
<i>" "</i>	<i>office exp</i>	<i>9/23/04</i>	<i>455.</i>
<i>" "</i>	<i>office exp</i>	<i>10/19/04</i>	<i>1,000.</i>
<i>" "</i>	<i>Travel exp</i>	<i>9/31/04</i>	<i>815.60</i>
<i>" "</i>	<i>Telephone</i>	<i>9/31/04</i>	<i>75.00</i>
<i>" "</i>	<i>Postage</i>	<i>9/3/04</i>	<i>14.80</i>
<i>" "</i>	<i>Web Site develop</i>	<i>9/23/04</i>	<i>3,250.</i>

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IN KIND CAMPAIGN EXPENSES

Report Period

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Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

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Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362
FL201.doc

Revised: Jan-04

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